

**Patient
Classification
Tool**

Long Term Care Development Projects

PATIENT CLASSIFICATION PROJECT PROGRESS REPORT**NO. 7**

NOVEMBER 1988

Province-Wide Classification Now Complete

The province-wide classification of nursing home and auxiliary hospital residents is now complete. Forty-nine RNs were hired from across the province to work as Patient Classification Consultants (classifiers) over the two-month project period. Most of the classifiers have now returned to their jobs in the long-term care field.

Medicus Canada conducted four-day training sessions for the classifiers — one in Edmonton at the Millwoods Shepherd's Care Centre and one in Calgary at the Crossbow Auxiliary Hospital/ George Boyack Nursing Home.

The 17 teams of 2-4 classifiers were required to achieve a minimum of 90 per cent agreement (inter-rater reliability) on the eight classification indicators during their training, before they could begin the classification of residents. This strict level of accuracy was maintained throughout the project. Reliability testing was conducted every other week.

During the course of the project, approximately 12,000 residents were classified.

Data gained through the project is now being compiled and checked. All of the information from the 12,000 or so Patient Classification Forms must be entered into the computer and edited before the classification categories for all residents can be calculated. The results of the classifications should be ready for review in December and will be forwarded to each facility involved shortly thereafter.

The Patient Classification Project has been a cooperative venture with the long-term care field. In 1986 - 87, a panel of experts from across the province developed the system along with a study team. Information sessions were held in both 1986 and 1987 and are scheduled again for November of this year. These sessions are intended to receive feedback from the field and keep

health care professionals aware of the direction the project is taking.

The project could not have proceeded without a tremendous amount of support and cooperation from long-term care facilities. The facilities were well prepared and very supportive of the classification teams.

The Alberta Hospital Association and the Alberta Long-Term Care Association are currently working with the Department on the development of the funding system. Patient classification is just one component in the development of a new integrated long-term care system.

Where We Are Headed – The Proposed New Funding System

The Department of Health is working with representatives from the Alberta Hospital Association and the Alberta Long Term Care Association on the development of a new funding system for the province's nursing homes and auxiliary hospitals.

General concepts of the funding system will be presented in November at workshops across the province to familiarize facility operators, board members and staff with the general directions and long-range goals of the funding system.

Before the system can be implemented, all parties involved will first need to understand its goals and objectives. Implementation is targeted for 1989, after the results of province-wide classification are evaluated. Resident classification is only one component of the overall system-wide changes in long-term care.

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Goals of the Proposed Funding System are to:

1. compensate facilities equitably for resident care.
2. encourage appropriate resident care.
3. reward efficiency and sound management.
4. emphasize quality of life and long-term care philosophy.
5. facilitate the integration of nursing homes and auxiliary hospitals.

The proposed funding formula has two main components: resident care (nursing staff salaries and benefits initially) and support services (all other operating costs). Specific program grants for occupational therapy, physical therapy and dietitian services will continue until these programs/services are more widely available throughout the province. Patient classification results will determine only the resident care component of the funding formula.

Approximately 52 per cent of government funding for long-term care facilities goes to cover nursing care costs. This means that about half of present government funding will be allocated based on patient classification data.

A measure of a facility's level of nursing care as compared to all other long-term care facilities in the province will be used as the basis for the resident care component. This measure is termed a "case-mix index" and it is derived by comparing the proportion of residents in each classification category in any given facility to the proportion in each category in the province as a whole. Funding will be adjusted every year based on each facility's classification results as compared to the remainder of the province.

This major system-wide change will be implemented in three phases:

Phase I: July '88 - March '89

- Classify all nursing home and auxiliary hospital residents.
- Utilize classification data to develop funding system.
- Formulate necessary changes to Nursing Homes Operation Regulation.
- Study cost differences between nursing homes and auxiliary hospitals.

Phase II: April '89 - December '89

- Implement initial funding by patient classification.
- Adjust funding at mid-year based on new resident admissions.
- Assess possible integration of system and implications for legislative changes.

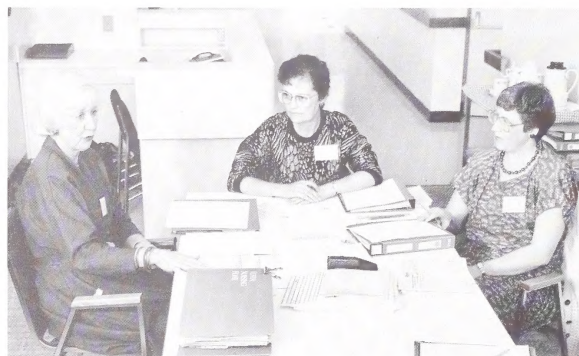
- Reduce program differences between nursing homes and auxiliary hospitals.

Phase III: 1990

- Develop Long-Term Care Act.
- Integrate Long-Term Care System.

On The Front Line

During the course of the province-wide classification this fall, one of the patient classification teams was interviewed at the Venta Nursing Home in northeast Edmonton. All three team members are RNs involved in long-term care nursing in Edmonton. Pat Slinger has been working at the Extendicare Services - Edmonton North Nursing Home for nine years. Madeliene Brassard has been in long-term care nursing for 15 years, three of those as Team Leader at the Norwood Extended Care Centre. Esther Hartwick has worked at the Dickinsfield Extended Care Centre for two years.



Patient Classification Team hard at work at the Venta Nursing Home: (L to R) Pat Slinger, Madeliene Brassard and Esther Hartwick.

Starting Off On The Right Foot

All three applied for the project and were chosen to become a part of the 49 nurses involved in the program. All three are glad they did. Travelling together to facilities as far south as Red Deer and Wetaskiwin, they have gained a tremendous amount of experience and have become good friends in the process.

Their journey began with an intensive, four-day training session at the Millwoods Shepherd's Care Centre. This session provided them with in-depth training on how the system works, the classification process, how

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the program will benefit our health care system, and much more.

“The training session prepared us very well. Practising filling out the forms helped us a great deal,” says Pat.

Getting Acquainted

The team explained how the process works. A facility to be classified is contacted well in advance and reminded the day before of the team’s arrival.

When the team arrives, they’re provided with a comfortable work place and oriented by facility staff on charting procedures, where to look for information and introduced to staff who will verify the information when required.



Venta Nursing Home staff assist the team with verifying resident information: (L to R) Norma Clynes, Charge Nurse; Pat Slinger; Faith Pleau, Personal Care Aide; Madeliene Brassard; Esther Hartwick; and Lena Klein, Personal Care Aide.

Cooperation Critical

Staff supplies the team with information sheets that list residents’ medical diagnoses and medications. As Pat says, “Work done ahead by the staff makes filling out the Patient Classification Forms easier for us.”

Using resident charts for source information, the team verifies selected information in person with facility staff responsible for the particular residents’ care. No contact is made with the residents. All information comes directly from the chart and from staff.

“When you’re verifying, you’re asking precise questions, such as behaviours and levels of care that are not always easy to determine from the chart alone, so you sometimes have to confirm information with staff,” says Madeliene.

The team has received full cooperation from staff at

every facility, making the process more efficient and enjoyable.

Patient Classification Forms

Once oriented to the facility, each team member averages 10-12 forms per day. Completed forms are usually sent out to the Consultant’s office every second day or when a facility’s classification is complete.

A high standard of accuracy is required. Four completed forms per classifier are evaluated every two weeks by one of five Reliability Testers. The average of 90 per cent agreement between classifier and tester on classification indicator scores is expected and maintained. At the Consultant’s office, all forms are checked to ensure they are complete.

“The Patient Classification Forms are precise, which is very good... for ease in filling out the forms and for the accuracy of the project,” says Esther.

Confidentiality Respected

Confidentiality of resident information is critical, and the team is well aware of this in their work as RNs. Completed forms are never left in a facility. The team takes all materials with it when it leaves — even for a quick lunch.

All classifiers were required to sign a confidentiality agreement and each facility they classified received a copy of the document.

Documentation Important

Overall impressions of the project by the team were very positive.



Esther Hartwick and Lena Klein.

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“We feel the project was very well organized,” says Pat. “From arranging our accommodation to the ease of filling out the forms, everything was done extremely well. The training was excellent. Whenever we had any questions, someone was available over the telephone.”

“I’ve been privileged to be a part of this project,” says Madeliene. “It was a great learning experience.”

“We had lots of fun and learned how very important documentation is to all of us working in extended care. If it’s done well, staff should be able to see what’s on the Kardex and go and look after that person without having to talk to anyone about it,” noted Esther.

Added Pat, “We’ll all be looking at our Kardexes when we get back.”

The End Result

The team was to lose Pat Slinger to a vacation, but after the classification was complete at Venta, they were off to continue the project at other facilities. When the teams are finished with all the resident classifications, there will still be a great deal of work to be done by the Department in compiling the tremendous amount of information obtained.

For all those involved, the end result of the Patient Classification Project will be well worth the wait.

November Workshops Scheduled

A series of workshops were held in November at locations throughout Alberta. These workshops provided an overview of the new Alberta Patient Classification System for Long-Term Care Facilities and introduced the basic concepts behind the proposed Patient Classification Based Funding System. Nursing home and auxiliary hospital Board Members, Administrators, Nursing and Rehabilitation Staff were encouraged to attend.

For those who weren’t able to attend, the agenda was as follows:

9:30 - 10:00 a.m. Registration

10:00 - 12:00 noon Overview of objectives, concepts and highlights of the proposed Patient Classification Based Funding System.

12:00 - 1:15 p.m. Lunch

1:15 - 1:45 p.m. Question and Answer Session

1:45 - 2:45 p.m. Introduction to the Patient Classification Form and its use.

2:45 - 3:00 p.m. Coffee

3:00 - 4:00 p.m. Concurrent Question and Answer Sessions

- Nursing
- Rehabilitation
- General

For copies of handouts or for more information, contact Corinne Schalm at the address below.

Copies of this and previous Patient Classification Project progress reports may be obtained from:

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